

|               |             |       |                |                     |
|---------------|-------------|-------|----------------|---------------------|
| SERIAL NUMBER | FILING DATE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET NO. |
| 09/039,344    | 03/13/98    | 364   | 2764           | 16468               |

ATTORNEY:

CHRISTOPHER KIMSAL, CHANHASSEN, MN; JAN B. WILSTRUP, MOUNDSVIEW, MN.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*

VERIFIED PROVISIONAL APPLICATION NO. 60/039,624 03/13/97 ✓

Yes M

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*

VERIFIED

M No

\*\*FOREIGN APPLICATIONS\*\*\*\*\*

VERIFIED

M No

FOREIGN FILING LICENSE GRANTED 05/28/98

\*\*\*\*\* SMALL ENTITY \*\*\*\*\*

|  |   |                           |                        |                       |                            |
|--|---|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met                    | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR<br>COUNTRY<br>MN | SHEETS<br>DRAWING<br>5 | TOTAL<br>CLAIMS<br>21 | INDEPENDENT<br>CLAIMS<br>4 |
| Verified and Acknowledged <u>M</u><br>Examiner's Initials _____ Initials _____ |   |                           |                        |                       |                            |

ADDRESS: ~~JOHN F. KLOS~~ Brian H. Bateli #18 Merchant & Gould P.C. #235  
~~LARKIN HOFFMAN DALY & LINDGREN LTD.~~ 3100 Northwest Center  
~~1500 NORWEST CENTER~~ P.O. Box 29  
~~7900 XERXES AVENUE SOUTH~~ 90 South Seventh Street  
~~BLOOMINGTON MN 55431-3333~~ Minneapolis, Minnesota 55402-1

TITLE: TIME INTERVAL MEASUREMENT SYSTEM INCORPORATING A LINEAR RAMP  
GENERATION CIRCUIT

|                                     |   |   |
|-------------------------------------|---|---|
| FILING FEE<br>RECEIVED<br><br>\$447 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>NO. _____ for the following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
|-------------------------------------|---|---|